

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4792HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2011
NAME OF PROVIDER OR SUPPLIER ALLTIME HOME HEALTH PROVIDERS		STREET ADDRESS, CITY, STATE, ZIP CODE 1555 E. FLAMINGO RD. STE. 311 LAS VEGAS, NV 89119		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Focused State Licensure survey conducted in your facility on 4/20/11. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The current census was Seventy-eight. Five patient records were reviewed. One family was interviewed regarding the agency's provision of care. Eleven employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H152	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed;</p> <p>This Regulation is not met as evidenced by:</p> <p>NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p>	H152		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H152	<p>Continued From page 1</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 <http://www.leg.state.nv.us/NRS/NRS-449.html>;</p> <p>(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);</p> <p>(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had</p>	H152			

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H152	<p>Continued From page 2</p> <p>been convicted of any crime set forth in NRS 449.188 <http://www.leg.state.nv.us/NRS/NRS-449.html>.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 <http://www.leg.state.nv.us/NRS/NRS-449.html> and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The Central Repository for Nevada</p>	H152			

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H152	Continued From page 3 Records of Criminal History may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. (Added to NRS by 1997, 442; A 1999, 1946 < http://www.leg.state.nv.us/Statutes/70th/Stats199912.html >; 2005, 2170 < http://www.leg.state.nv.us/Statutes/73rd/Stats200521.html >) Based on record review and staff interview, the agency failed to provide criminal background checks on employees as required by statute for 1 of 11 employees. (Employees #8) Employee #8: The employee was fingerprinted on 8/20/10. The file was missing the letter of clearance from the Nevada Central Repository for Nevada Records of Criminal History conducted by the Department of Public Safety and the Federal Bureau of Investigations (FBI). As of the date of the survey, there was no evidence the agency followed up with either of the law enforcement agencies to get the reports. Severity: 2 Scope: 1	H152			
H153	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for	H153			

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H153	<p>Continued From page 4</p> <p>each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious</p>	H153			

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H153	<p>Continued From page 5</p> <p>stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of</p>	H153			

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H153	<p>Continued From page 6</p> <p>pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on review of employee files and staff interview , the facility failed to ensure compliance with chapter 441A of Nevada Administrative Code for 4 of 11 employees who needed to be tested for exposure to Tuberculosis (Employee #3, #4, #9 and #10).</p> <p>Employee #3 Review of the employment file revealed no documentation of a two-step tuberculin skin test, documentation of a positive tuberculin skin test, or physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage.</p> <p>Employee #4 Review of the employment file revealed no documentation of a two-step tuberculin skin test, documentation of a positive tuberculin skin test, or physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage.</p> <p>Employee #9 Review of the employment file revealed no documentation of a two-step tuberculin skin test.</p> <p>Employee #10 Review of the employment file</p>	H153			

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H153	Continued From page 7 revealed no documentation of a two-step tuberculin skin test, documentation of a positive tuberculin skin test, or physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage. Severity: 2 Scope: 2	H153			
H188	449.797 Contents of Clinical Records Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; (NRS 449.800 to 449.860 repealed in 2009, referenced now at NRS 162A.700 to 162A.860) and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure that records contained copies of the patient's legally executed documents for durable power of attorney, according to NRS 449.860, inclusive or their declaration governing advanced directives as executed pursuant to NRS 449.600 for 4 of 5 patients (Patient #1, #2, #3 and #5). Review of the file of Patient #1 indicated the patient had executed documents designating a durable power of attorney for health care and advanced directives for the withholding or	H188			

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H188	<p>Continued From page 8</p> <p>withdrawal of life-sustaining treatment according to the requirements of the law. There was no documented evidence of these documents.</p> <p>Review of the file of Patient #2 indicated the patient had executed documents designating a durable power of attorney for health care and advanced directives for the withholding or withdrawal of life-sustaining treatment according to the requirements of the law. There was no documented evidence of these documents.</p> <p>Review of the file of Patient #3 indicated the patient had executed documents designating a durable power of attorney for health care and advanced directives for the withholding or withdrawal of life-sustaining treatment according to the requirements of the law. There was no documented evidence of these documents.</p> <p>Review of the file of Patient #5 indicated the patient had executed documents for her advanced directives for the withholding or withdrawal of life-sustaining treatment according to the requirements of the law. There was no documented evidence of this document.</p> <p>In an interview with the director of clinical services revealed she was not aware the files lacked copies of the required documents.</p> <p>Severity: 2 Scope: 3</p>	H188			

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